

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003616

STATE FILE NUMBER

AMENDED

Registration District No.

318  
FILED JAN 11 1962

Primary Registration District No.

1003

Registrar's No.

7

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Collinsville</i>	
Length of stay in 1b <i>1 day</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Firmin Desloge</i>		d. STREET ADDRESS (If outside, give location) <i>720 Pleasant Ridge Rd.</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>JOAN</i> Middle <i>MARY</i> Last <i>COLOMBARA</i>		4. DATE OF DEATH Month <i>1</i> Day <i>1</i> Year <i>1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-29-31</i>
9. AGE (last birthday) <i>30</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
11. BIRTHPLACE (City and state or country) <i>East St. Louis, Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>William E. Jokerst</i>		13b. MOTHER'S MAIDEN NAME <i>Pearl Hepplewhite</i>	
14. NAME OF HUSBAND OR WIFE <i>Joseph J. Colombara</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>[Redacted]</i>		17. INFORMANT <i>Joseph J. Colombara</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized metastases from</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Carcinoma of the Breast</i> DUE TO (b) <i>170X</i> DUE TO (c) <i>170X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>13 months</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>12:55</i> a.m. p.m. Month, Day, Year <i>Jan. 1, 1962</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Collinsville, Illinois</i>	
21. I attended the deceased from <i>September 1961</i> to <i>January 1962</i> and last saw her alive on <i>Dec. 31, 1961</i> Death occurred at <i>12:55</i> <i>Jan. 1, 1962</i> <i>am</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joel Louder Zeffner M.D.</i> (Degree title)		22b. ADDRESS <i>15 North Brentwood</i>	
22c. DATE, SIGNED <i>1/2/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>1/4/62</i>	23b. DATE <i>1/4/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter &amp; Paul</i>	23d. LOCATION (City, town, or county) (State) <i>Collinsville, Illinois</i>
24. FUNERAL DIRECTOR <i>Robert W. [Redacted]</i> ADDRESS <i>Collinsville, Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 2 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Joel Louder Zeffner M.D.</i>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert A. Kasey

Licensed Embalmer No. 6890

P. O. Address Collinsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.